

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90073 035 ****61.25

DOCUMENT # N49579

1. Entity Name

METROPOLITAN BUSINESS ASSOCIATION INC.

Principal Place of Business

Mailing Address

PO BOX 536981
 ORLANDO FL 32853-698
 US

PO BOX 536981
 ORLANDO FL 32715-0364
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3518878

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBER, ELLIOTT
639 ROMONA LN
ORLANDO FL 32805

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-------------------------------|---|---------------------------------|
| TITLE NAME | VPD CHADMAN, MARTHA | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 823 IRMA AVENUE ORLANDO FL 32803 | |
| TITLE NAME | TD GEBHARDT, M WAYNE | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 401 NIBLICK AVE #5 ORLANDO FL | |
| TITLE NAME | PD SIMMONS, DEBBIE | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 1308 LANE AVE ORLANDO FL | |
| TITLE NAME | SD JOHNSON, CARL | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 707 E WASHINGTON ST ORLANDO FL 32801 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |

| | | |
|-------------------------------|---------------------------------------|--|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | DICTION JOHNSON, CARL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 401 1308 LANG AVE ORLANDO FL 32803 | |
| TITLE NAME | DIRECTOR MIKE AMES | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 245 S. FOY BLVD LONGWOOD, FL 32779 | |
| TITLE NAME | SECRETARY JIM SASZ | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 401 1308 LANG AVE ORLANDO FL 32803 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

Daytime Phone #

CR2E037 (10/00)